



## CLARK COUNTY PUBLIC HEALTH

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*For Office Use Only*

### EXISTING SEPTIC SYSTEM LOCATE RECORD DRAWING

*(existing septic systems with no records/permit)*

OSS TYPE: \_\_\_\_\_ DATE: \_\_\_\_\_  
PROPERTY ADDRESS / LOCATION: \_\_\_\_\_ ID# \_\_\_\_\_  
PROPERTY OWNER NAME: \_\_\_\_\_ PHONE# \_\_\_\_\_  
BUILDING PERMIT #: \_\_\_\_\_  
CERTIFIED O&M SPECIALIST NAME: \_\_\_\_\_ PHONE# \_\_\_\_\_

**Note: This is a permanent record to be completed by a Clark County Certified O&M Specialist.**

Please use a straight edge to prepare an accurate detailed drawing of the existing OSS system, drawn to scale OR locations triangulated, including the following required information:

- Location of all roads/driveways.
- Triangulate the location in feet and inches of all septic / pump tank lids and distribution boxes unless risers are installed to the surface and noted on the as-built. Label 2 permanent points as A and B.
- Triangulate both ends of all drainfield laterals unless observation ports are installed to the surface at both ends of each lateral.
- Show all surface water features, wells, buildings, waterlines, curtain drains, roof infiltration systems, etc. and their distances to the OSS.



O&M SPECIALIST SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_